

ACCOUNTING OF DISCLOSURES REQUEST

Purpose: This form is used to document an individual's request for an accounting of disclosures of health information.

Please type or print neatly; we are not able to process incomplete or illegible forms.

DHMH PROGRAM NAME: _____

SECTION A: Individual requesting disclosure accounting.

Last Name: _____ First Name: _____ MI: _____
Street Address: _____ Apt #: _____
City: _____ State: _____ Zip: _____
Phone: (home) _____ (work) _____ Date of Birth: _____

SECTION B: To the Individual - Please read the following.

You have the right to an accounting of the disclosures that we, or our business associates have made of your health information. The accounting period is up to six (6) years prior to the date of your request. However, we are not required to provide you with an accounting of any disclosures made on or before 4/14/03. Further, you are not entitled to an accounting for disclosures that we or our business associates made to: carry out your treatment, obtain or make payment for treatment, for our health care operations, nor for disclosures made to you, or to your personal representative pursuant to a written authorization, or as otherwise allowed by law.

You are entitled to a free disclosure accounting once in each 12-month period. We will charge you \$ _____ for each additional disclosure accounting you request during the same 12-month period.

To request a disclosure accounting, please fill in the information requested.

SIGNATURE

I request an accounting of the disclosures, not subject to exception, of my health information made within the _____ months prior the date of this request (except not earlier than 4/14/03). I understand that I am entitled to a free disclosure accounting once in each 12-month period. I understand that I will be charged \$ _____ for this disclosure accounting if I have already received a disclosure accounting from the above-named DHMH program within the last 12 months, and I agree to pay this charge.

Signature: _____ Date: _____

If a personal representative is making this request, please attach a copy of any document granting legal authority and complete the following:

Personal Representative's Name: _____

Relationship to Individual: _____

YOU ARE ENTITLED TO A COPY OF THIS REQUEST.

(LETTERHEAD)

DISCLOSURE ACCOUNTING

(DATE)

(INDIVIDUAL'S NAME)

(INDIVIDUAL'S ADDRESS)

Dear (INDIVIDUAL):

We are in receipt of your request for an accounting of disclosures of your health information made by a DHMH program and/or our business associates. The requested accounting is ready/enclosed. (Because you have already received a disclosure accounting from DHMH within the last 12 months, we may charge you for this disclosure accounting. The charge is \$_____. Upon receipt of payment, we will send the disclosure accounting to you.)

The accounting does not include disclosures that we, or our business associates made on or before 4/14/03, which is the date by which we were required to be in compliance with the federal privacy rules. We are not required to account for disclosures made to carry out your treatment, payment for treatment, or our health care operations, to you or to your personal representatives, to your family, close friends and others involved in your health care or payment for your health care, for national security or intelligence purposes, or made to certain law enforcement agencies, and we have not included such disclosures in the accounting.

We have provided, for each disclosure, (a) the disclosure date, (b) the name and (if known) address of the person or entity to whom the disclosure was made, (c) a description of the health information disclosed, and (d) the purpose for which the health information was disclosed.

For repeated disclosures during the accounting period to the same person or entity for a single purpose, we have provided (a) the date of the first of the repeated disclosures, (b) the name and (if known) address of the person or entity to which the repeated disclosures were made, (c) a description of the health information disclosed, (d) the frequency, periodicity or number of these repeated disclosures during the accounting period, and (e) the date of the last of these repeated disclosures during the accounting period.

If you have questions regarding the accounting, please contact the undersigned.

Sincerely,

By: _____

(LETTERHEAD)

DIRECTION TO ACCOUNT FOR DISCLOSURES

Purpose: This form is used to direct DHMH units and business associates to account for disclosures of health information, so we can respond completely and accurately to a request for a disclosure accounting.

To _____

On ____/____/____, DHMH received a request from the individual named below for an accounting of the disclosures of the individual's health information made between ____/____/____ and ____/____/____ (the "accounting period"). Please promptly provide us with an accounting of each disclosure of this individual's health information you have made within the accounting period. You do not need to provide information about disclosures you made to carry out treatment, payment for that treatment, or health care operations, made to the individual or the individual's personal representatives, made to family, close friends and others involved in the individual's health care, made for national security or intelligence purposes, or made to law enforcement officials or correctional institutions regarding inmates (although you may include such disclosures if you wish). Please contact the undersigned immediately if you need further advice or whether or not you must account for a disclosure.

For each accounted disclosure, please provide: (a) the disclosure date, (b) the name and (if known) address of the person or entity to which the disclosure was made, (c) a description of the health information disclosed, and (d) the purpose for which the health information was disclosed. In the alternative, you may provide a copy of the individual's authorization for the disclosure, if the authorization contains the required disclosure details.

For repeated disclosures during the accounting period to the same person or entity for a single purpose, you may provide (a) the date of the first of the repeated disclosures during the accounting period, (b) the name and (if known) address of the person or entity to which the repeated disclosures were made, (c) a description of the health information disclosed, (d) the frequency, periodicity or number of these repeated disclosures during the accounting period, and (e) the date of the last of these repeated disclosures during the accounting period.

As DHMH must provide the disclosure accounting to the individual by ____/____/____, please give this your immediate attention and respond no later than ____/____/____. Please contact the undersigned should you have questions.

Signature:

Date:

Title:

Individual Requesting Accounting:

Last Name:

First Name:

Street Address:

Apt#:

City:

State:

Zip:

Phone: (home)

(work)

Date of Birth ____/____/____